

**UTILIZATION REVIEW AND MEDICAL BILL AUDIT  
803 KAR 25:190**

**APPLICATION**

**INSTRUCTIONS FOR COMPLETION OF APPLICATION**

Please submit your application in notebook format and reference each specific section of your submission to the appropriate section of the governing regulation, 803 KAR 25:190, Utilization Review and Medical Bill Audit. Answer each question (if not applicable, state "N/A"). All information submitted in the application must be typed. If you have any questions, please call Carole Jacobs, at (502) 564-5550, ext. 4445. Return the completed application to:

Carole Jacobs  
Office of Workers Claims  
657 Chamberlin Avenue  
Frankfort, KY 40601

August 2, 2000

**OFFICE OF WORKERS CLAIMS**

**UTILIZATION REVIEW AND MEDICAL BILL AUDIT  
803 KAR 25:190**

## **APPLICATION**

### **I. IDENTIFICATION**

Name of applicant \_\_\_\_\_

FEIN \_\_\_\_\_

Address of applicant \_\_\_\_\_

City/County/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

(Check only one)

☐ Insurance Carrier ☐ Self-insured employer

☐ Group self-insurance fund ☐ Vendor ☐ TPA

### **II. If applicant is contracting with a Utilization Review and/or Medical Bill Audit vendor, identify the vendor:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Office of Workers Claims Vendor Name \_\_\_\_\_

Other State Certifications and numbers, if applicable \_\_\_\_\_

\_\_\_\_\_

Date contract was entered into \_\_\_\_\_

### **III. If applicant has contracted with a Managed Care Organization approved by the Office of Workers Claims, identify the Managed Care Organization:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date contract was entered into \_\_\_\_\_

- IV. Identify the person responsible for the operations of the Utilization Review and Medical Bill Audit Program:

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_

**IF you have contracted with a Utilization Review and Medical Bill Audit Vendor or Managed Care Organization approved by the Office of Workers Claims, stop here. If not, you must complete the remainder of the application below.**

- V. For the Utilization Review and Medical Bill Audit Program, attach in the order set forth below a detailed description of:

1. The process, policies and procedures whereby decisions shall be made.
2. The specific criteria utilized in the decision making process including a description of the specific medical guidelines used as the resource to confirm the medical diagnosis and to provide consistent criteria and practice standards.
3. The criteria by which claims and medical services and medical bills will be selected for review.
4. The qualifications of internal and consulting personnel who will conduct the utilization review and medical bill audit, demonstrating education, training, and experience pertinent to performing utilization review and medical bill audit.
5. A process to assure that treatment plans are obtained for review by qualified medical personnel in all instances where treatment plans are required under 803 KAR 25:096.
6. The process to assure that a physician shall be designated by each injured employee as required under 803 KAR 25:096.
7. The process for rendering and promptly notifying the medical provider and employee of the initial utilization review decision.
8. A description of the reconsideration process within the structure of the utilization review and medical bill audit program.

9. An assurance that a database shall be maintained recording the instances of utilization review, medical bill audit, the name of the reviewer, the extent of the review, the conclusions of the reviewer, and the action, if any, taken as the result of the review. Data shall be maintained for a period of no less than two (2) years.
  10. An assurance that a toll free line shall be provided for the employee or medical provider to contact the utilization reviewer. The reviewer or a representative of the reviewer shall be reasonably accessible to interested parties at least five (5) days/week, forty (40) hours/week during normal business hours by a toll free telephone line.
  11. A description of the policies and procedures that will be implemented to protect the confidentiality of patent information.
  12. An assurance that the acute low back pain practice parameter adopted by the commissions pursuant to KRS 342.035 (8) (a) shall be incorporated in the plan as the standard for evaluating applicable low back claims.
- VI. Attach a copy of all brochures and forms which will be used in the Utilization Review and Medical Bill Audit Program.

I hereby certify that the information and material contained in this application is true and accurate to the best of my knowledge. I understand that the Office of Workers Claims will rely on this information and material in making its decision regarding the approval of this entity's Utilization Review and/or Medical Bill Audit Program. Any distorted facts or misrepresentations may disqualify the applicant from approval or result in revocation of the approval at any time.

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Signature of authorized representative of applicant

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Date

Title

Return application to: Office of Workers Claims  
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657 Chamberlin Avenue  
Frankfort, KY 40601